

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO.

FILING DATE

10/521776

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
53						
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97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	31					
TOTAL CLAIMS	34					